MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/564770

FILING DATE

APPLICANT(S)

Art 19   Pre-Amend

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1		1			52							
3		1		1			53							
4		1		1			54							
5		1		1			55							
6		1		1			56							
7		1		1			57							
8		1		1			58							
9		1		1			59							
10		1		1			60							
11		1		1			61							
12		1		1			62							
13		1		1			63							
14		1		1			64							
15		1		1			65							
16		1		1			66							
17		1		1			67							
18		1		1			68							
19		1		1			69							
20		1		1			70							
21		1		1			71							
22		21		1			72							
23	1		1				73							
24	1		1				74							
25		1		1			75							
26		1		1			76							
27		1		1			77							
28	1		1				78							
29		1		1			79							
30		1		1			80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	4		4				TOTAL IND.							
TOTAL DEP.	46		26				TOTAL DEP.							
TOTAL CLAIMS	50		30				TOTAL CLAIMS							

PTO - 1360 (REV. 11/04)